

GEOGRAPHIC AREA GRID INSTRUCTIONS

FOR PLANS CURRENTLY PARTICIPATING IN HFP

There are two versions of Attachment I (Geographic Area Grid):

- One is the Geographic Area Grid from your plan's current Healthy Families Program contract for the period July 1, 2004 through June 30, 2005. MRMIB will send your plan's current grid showing service areas for 2004-05.
 - The other is a blank Proposed Geographic Area Grid to indicate proposed changes in your plan's service area(s) for July 1, 2005 through June 30, 2006.
1. If your plan has no changes from the current Attachment I, then write **NO CHANGES** on the Current Geographic Area Grid document.
 2. **The Proposed Geographic Area Grid should only be filled out if your plan will be expanding, deleting or otherwise changing its service area during the upcoming contract year. The grid should be filled out in its entirety as follows:**
 - a. Place an **X** in the grid where the plan has full county coverage.
 - b. Place an **X*** in the grid where the plan has coverage for all of Los Angeles County other than Catalina Island.
 - c. Place a **P** in the grid where the plan covers only part of a county.
 3. Allowable reasons for changes in service areas include:
 - a. Service area changes that have been approved by the California Department of Managed Health Care (DMHC) or the Department of Insurance (DOI) for either the addition of a new service area or the removal of an existing service area.
 - b. A change in zip code coverage approved by DMHC or DOI which would either cause coverage in a county to move from a partial area of coverage or to a full area of coverage.
 - c. A service area with a DMHC license for which the plan did not serve HFP subscribers in the current year but would like to add for the upcoming year.

Note on proposed service area expansions: You may list an area for which your plan does not now have a current license **if you have already submitted a request for approval to DMHC or DOI, and you expect to receive approval prior to April 1, 2005.** However, in the submission due to MRMIB on December 10, 2004, you must list these zip codes and/or counties on the **"Proposed Zip Codes"** sheet in the Zip Code Workbook and include a copy of the request submitted to your regulator (DMHC or

DOI). **By April 1, 2005, MRMIB must receive a copy of the notification from DMHC or DOI approving the service area changes, in order for the new service areas to be available as a choice to HFP subscribers in those areas during open enrollment for the 2005-06 benefit year.**

(Open enrollment will take place April 15 through May 31, 2005.) Any service areas approved by DMHC or DOI after April 1, 2005, may or may not be approved by MRMIB, at its discretion, for HFP services.

4. For all counties in which you placed a "P" in the Geographic Area Grid, as well as all service areas for which DMHC or DOI approval is pending, complete the Zip Code Workbook. Instructions for completion are contained in the first tab of the workbook.
5. A responsible plan official must sign and date that he/she has reviewed the submission of either the Current Geographic Area Grid or the Proposed Geographic Area Grid for correctness and accuracy.
6. The signed Attachment I, the completed Zip Code Workbook, and documentation of any pending requests to DMHC or DOI for service area changes must be received by MRMIB **no later than 3 p.m. December 10, 2004**. Send to:

Sarah Soto-Taylor
Managed Risk Medical Insurance Board
1000 G Street , Suite 450
Sacramento, CA 95814

Please send an electronic copy as well to wsanchez@mrrib.ca.gov

7. By **April 1, 2005**, submit the required documentation of DMHC or DOI approval of service area changes to Sarah Soto-Taylor at the above address. If approval has not been received by April 1st, please notify her immediately at ssoto@mrrib.ca.gov on the status of your pending request.

FOR PLANS NOT CURRENTLY PARTICIPATING IN HFP

1. Complete the Proposed Geographic Area Grid to show the HFP service areas your plan proposes to serve for the period July 1, 2005 through June 30, 2006. The grid should be filled out in its entirety as follows:
 - a. Place an **X** in the grid where the plan will provide full county coverage.
 - b. Place an **X*** in the grid where the plan will provide coverage for all of Los Angeles County other than Catalina Island.
 - c. Place a **P** in the grid where the plan will cover only part of a county.

Note to new plans: You may list an area for which your plan does not now have a current license **if you have already submitted a request for approval to DMHC or DOI, and you expect to receive approval prior to April 1, 2005.** However, in the submission due to MRMIB on December 10, 2004, you must list these zip codes and/or counties on the “**Proposed Zip Codes**” sheet in the Zip Code Workbook and include a copy of the request submitted to your regulator (DMHC or DOI). **By April 1, 2005, MRMIB must receive a copy of the notification from DMHC or DOI approving the service areas, in order for your plan to be available as a choice to HFP subscribers in those areas during open enrollment for the 2005-06 benefit year.** (Open enrollment will take place April 15 through May 31, 2005.) Any service areas approved by DMHC or DOI after April 1, 2005, may or may not be approved by MRMIB, at its discretion, for HFP services.

2. For all counties in which you placed a “P” in the Geographic Area Grid, as well as all counties and/or zip codes for which DMHC or DOI approval is pending, complete the Zip Code Workbook. Instructions for completion are contained in the first tab of the workbook. In the “New Zip Codes” tab, list all counties and/or zip codes in the counties with partial coverage for which your plan is already approved by DMHC or DOI. In the “Proposed Zip Codes” tab, list all pending counties and/or zip codes for which DMHC or DOI approval has not been received.
3. A responsible plan official must sign and date that he/she has reviewed the submission of the Proposed Geographic Area Grid for correctness and accuracy.
4. The signed Attachment I, the Zip Code Workbook, and documentation of pending requests to DMHC or DOI for licensure and/or service area changes must be received by MRMIB **no later than 3 p.m. December 10, 2004.** Send to:

Sarah Soto-Taylor
Managed Risk Medical Insurance Board
1000 G Street , Suite 450
Sacramento, CA 95814

Please send an electronic copy as well to wsanchez@mrmib.ca.gov.

5. By **April 1, 2005**, submit the required documentation of DMHC or DOI approval of licensure and/or service area changes to Sarah Soto-Taylor at the above address. If approval has not been received by April 1st, please notify her immediately at ssoto@mrmib.ca.gov on the status of your pending request.

CURRENT GEOGRAPHIC AREA GRID

SAMPLE

Current Grid

(Plan specific grid will be sent to
currently participating plans)

Region	COUNTIES	Licensed Service Area
3	Alameda	
1	Alpine	
1	Amador	
1	Butte	
1	Calaveras	
1	Colusa	
3	Contra Costa	
1	Del Norte	
1	El Dorado	
2	Fresno	
1	Glenn	
1	Humboldt	
2	Imperial	
1	Inyo	
2	Kern	
1	Kings	
1	Lake	
1	Lassen	
5	Los Angeles	X*
2	Madera	
3	Marin	
2	Mariposa	
1	Mendocino	
2	Merced	
1	Modoc	
1	Mono	
1	Monterey	
2	Napa	
1	Nevada	
4	Orange	
1	Placer	
1	Plumas	
6	Riverside	P
2	Sacramento	X
1	San Benito	
6	San Bernardino	P
6	San Diego	
3	San Francisco	

CODE

X = Full county coverage

(Licensed area covers all zip codes)

X* = Full county coverage

in Los Angeles except Catalina Island

P = Partial county coverage

(License area covers some zip codes)

If a plan has partial coverage,

list those zip codes covered on the
diskette provided.

Leave box blank

if no county coverage

Region	COUNTIES	Licensed Service Area
2	San Joaquin	
2	San Luis Obispo	
3	San Mateo	
4	Santa Barbara	
3	Santa Clara	
2	Santa Cruz	
1	Shasta	
1	Sierra	
1	Siskiyou	
2	Solano	
2	Sonoma	
2	Stanislaus	
1	Sutter	
1	Tehama	
1	Trinity	
1	Tulare	
1	Tuolumne	
4	Ventura	
1	Yolo	
1	Yuba	

CODE

X = Full county coverage

(Licensed area covers all zip codes)

P = Partial county coverage

(License area covers some zip codes)

If a plan has partial coverage,

list those zip codes covered on the
diskette provided.

Leave box blank

if no county coverage

**Projected Geographic Areas of Service for July 1, 2005 - June 30, 2006
Certification**

Plan Name _____

I certify that the Geographic Area Grid for the period presented is accurate
and appropriate for the California Healthy Families Program.

By: _____
Print name

Date

PROPOSED GEOGRAPHIC AREA GRID
July 1, 2005 - June 30, 2006

Region	COUNTIES	Licensed Service Area
3	Alameda	
1	Alpine	
1	Amador	
1	Butte	
1	Calaveras	
1	Colusa	
3	Contra Costa	
1	Del Norte	
1	El Dorado	
2	Fresno	
1	Glenn	
1	Humboldt	
2	Imperial	
1	Inyo	
2	Kern	
1	Kings	
1	Lake	
1	Lassen	
5	Los Angeles	
2	Madera	
3	Marin	
2	Mariposa	
1	Mendocino	
2	Merced	
1	Modoc	
1	Mono	
1	Monterey	
2	Napa	
1	Nevada	
4	Orange	
1	Placer	
1	Plumas	
6	Riverside	
2	Sacramento	
1	San Benito	
6	San Bernardino	
6	San Diego	
3	San Francisco	

CODE

X = Full county coverage

(Licensed area covers all zip codes)

X* = Full county coverage

in Los Angeles except Catalina Island

P = Partial county coverage

(License area covers some zip codes)

If a plan has partial coverage,
list those zip codes covered on the
diskette provided.

Leave box blank
if no county coverage

Region	COUNTIES	Licensed Service Area
2	San Joaquin	
2	San Luis Obispo	
3	San Mateo	
4	Santa Barbara	
3	Santa Clara	
2	Santa Cruz	
1	Shasta	
1	Sierra	
1	Siskiyou	
2	Solano	
2	Sonoma	
2	Stanislaus	
1	Sutter	
1	Tehama	
1	Trinity	
1	Tulare	
1	Tuolumne	
4	Ventura	
1	Yolo	
1	Yuba	

CODE

X = Full county coverage

(Licensed area covers all zip codes)

P = Partial county coverage

(License area covers some zip codes)

If a plan has partial coverage,
list those zip codes covered on the
diskette provided.

**Leave box blank
if no county coverage**

**Proposed Geographic Service Areas for July 1, 2005 - June 30, 2006
Certification**

Plan Name _____

I certify that the Geographic Area Grid for the period presented is accurate
and appropriate for the California Healthy Families Program.

By: _____
Print name

_____ Date

Signature

Phone number

Title

Instructions

Currently Participating Plans Only:

There are two versions of Attachment I. One is the grid from your plan's current Healthy Families Program contract. Please review this document for accuracy. If counties of coverage have changed, fill out the Proposed Geographic Area Grid with the correct Xs and Ps. This workbook is for those counties in which your plan does not provide complete coverage for all zip codes. In any county where you have inserted "P" on the grid, please review the enclosed listing and make the changes on the tabs as indicated.

New Plans Only:

Complete the Proposed Geographic Area Grid in Attachment I to show the HFP service areas your plan proposes to serve for the 2005-06 contract year. Refer to the Attachment I instructions for more details. To complete the Workbook, start with Step Three below.

Step One (for currently participating plans only)

Review the list provided on tab "Current Zip Codes." This tab is locked and no changes can be made to the worksheet. If the worksheet is correct as provided, write "No Changes" on the worksheet. Complete the signature section.

Step Two (for currently participating plans only)

If the Current Zip Codes listing shows a zip code that you do not cover, enter that information on the tab "Deleted Zip Codes." Proceed through the listing and enter all zip codes that you do not provide coverage for.

Step Three

Current Plans Only: If there are any zip codes you cover that are not listed in the Current Zip Codes listing, enter those zip codes on the tab "New Zip Codes." Proceed through the listing and enter all zip codes that need to be added to your coverage area. Do not list any zip code or county for which DMHC or DOI approval is pending.

New Plans Only: If you already have DMHC or DOI approval for particular zip codes and/or counties, list them on the tab "New Zip Codes."

Step Four (current and new plans)

If you have proposed new coverage areas to DMHC or DOI and approval is pending, enter those zip codes and/or counties on the tab "Proposed Zip Codes."

Current zip codes included in plan's partial service areas

Co	Zip Code	County
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If entire county is covered, please disregard this worksheet

***[LISTING WILL BE CUSTOMIZED TO
EACH CURRENT PLAN'S SERVICE AREA]***

Deleted zip codes no longer Included in plan's partial service areas

Please list the zip codes to delete from the current coverage area

Co	Zip Code	County
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New zip codes included in plan's partial service areas

Please list the zip codes to add to the current coverage area

Co	Zip Code	County
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Proposed zip codes and/or counties pending regulatory approval.

Co	Zip Code	County
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